

SEWAGE PERMIT/EVALUATION APPLICATION

TAX PARCEL No. _____

Lot # _____ Block# _____

CONTACT INFORMATION (Please Print)**PROPERTY OWNER**

Name: _____

Mailing Address: _____

Daytime Phone # () _____

APPLICANT

Name: _____

Mailing Address: _____

Daytime Phone # () _____

PROJECT DESCRIPTION ☐ Residential ☐ Commercial

- ☐ New Construction/Expansion
☐ Repair/Alteration
☐ Soil Evaluation
☐ Operation / Maintenance
☐ Connect/Reconnect to # _____
☐ Other (explain) _____

Bedrooms: _____
Acreage _____**WATER SOURCE**

- ☐ Individual Well ☐ Shared Well (2nd connection)
☐ Public/Municipal Name/ID # _____
☐ Other (explain) _____

LOCATION OF PROPERTY:Is Access Blocked by Gate? ☐ Yes ☐ No
Access to property is required

Street Name _____ City/Township _____

Detailed Directions to Site_____

_____**ACKNOWLEDGEMENT / PERMISSION TO ENTER**

I understand that any permits issued by Lewis County, consistent with the attached site plan, are valid ONLY if construction is in according to this plan and all other conditions of the permit are followed.

Further, I understand that County regulations require owner permission for County personnel to enter private property to conduct inspections.

By my signature below, permission is granted for representatives of Environmental Health to enter and remain on and about the property for the sole purpose of performing required inspections.

By my signature below, I certify that I am either the current legal owner of this property or their authorized representative. With this document I take full responsibility for the lawful action that this document allows.

Prior notification of the date of inspection will take place is:

☐ Not Required ☐ Required () _____ - _____

Signature _____ Date _____

☐ Owner ☐ Authorized Agent**LEWIS COUNTY HEALTH & SOCIAL SERVICES****ENVIRONMENTAL SERVICES DIVISION**

2025 NE Kresky Avenue, Chehalis, WA 98532

Phone: (360) 740-1146 or 1-800-6130 ext. 1146

APPLICATION EXPIRATION: Incomplete applications or applications that do not result in permit issuance shall expire one (1) year from the date of application as specified in Lewis County Code Chapter 8.40.090.

RIGHT TO APPEAL: Any person aggrieved by a decision of an inspection or notice made by the health officer shall have the right to appeal the matter as specified in Lewis County Code 8.40.260.

OFFICE USE ONLY:

Permit/Application No.: _____

CD Planning Review No.: _____

Fee \$ _____ Date Rcvd. _____

Receipt # _____ Record Search by: _____

SITE INSPECTION

Soil Class _____

Septic Tank(s) _____ gal. Pump Req'd: Yes ☐ No ☐

Maximum Trench Depth _____ in.

Distribution Line Total _____ ft.

Filtration Area: _____ sq. ft.

Application Rate: _____ gal./sq. ft./ day

Design Flow: _____ gallons/day

Fill Required: _____ in.

System Designer: _____

PERMIT:

Approved: By _____ Date _____

Denied: By _____ Date _____

Sewage Permit Issued: _____ Expires _____

Additional comments / information / conditions:_____

_____**PRINT NAME OF PERSON SIGNING THIS FORM**

(This is not a permit)

DATE TEST HOLES/PITS DUG: _____
(Test holes/pits should be prepared prior to submitting application)

- [] 1. North arrow.
- [] 2. Property lines.
- [] 3. Driveway location *
- [] 4. Test holes (with septic system and reserve area) *
- [] 5. Wells or water lines *
- [] 6. All structures *

- [] 7. Neighboring wells within 150 feet of septic
- [] 8. Paved/graveled surfaces (i.e. driveways and patios) *
- [] 9. Arrows showing direction of slope (Assume an elevation of 100 feet at one lot corner and indicate the other lot corner elevations to it).
- [] 10. Major features of property (ravines, seasonal creeks, etc.)
- [] 11. Cuts, banks, fill areas, ditches, culverts, etc.

DRAW TO SCALE (1 sq = no more than 10')
Use separate sheet if necessary

A full page of blank graph paper. The grid consists of small squares formed by thin black lines. There are no margins, text, or other markings on the page.

PERMIT APPLICATION NO. _____